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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 2901

SERIAL NUMBER 09/591,073	FILING DATE 06/09/2000  RULE	CLASS 705	GROUP ART UNIT 3624	ATTORNEY DOCKET NO. 4284-5B2
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## APPLICANTS

Jeffrey A. Norris, Lexington, SC;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/305,622 05/05/1999 PAT 6,105,007  
which is a CON of 08/732,584 10/15/1996 PAT 5,940,811  
and is a CON of 08/327,653 10/24/1994 ABN  
and is a CIP of 08/113,205 08/27/1993 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 08/09/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SC	SHEETS DRAWING 3	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

## ADDRESS

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27512

## TITLE

CLOSED LOOP FINANCIAL TRANSACTION METHOD AND APPARATUS

FILING FEE  RECEIVED 819	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>SERIAL NUMBER</b> 09/591,073	<b>FILING DATE</b> 06/09/2000 <b>RULE</b> -	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> <del>2781</del> 3624	<b>ATTORNEY DOCKET NO.</b> 4284-5B2
<b>APPLICANTS</b> Jeffrey A. Norris, Lexington, SC ;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/305,622 05/05/1999 PAT 6,105,007 WHICH IS A CON OF 08/732,584 10/15/1996 PAT 5,940,811 AND A CON OF 08/327,653 10/24/1994 ABN AND A CIP OF 08/113,205 08/27/1993 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 08/09/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> SC	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 51
Verified and Acknowledged Examiner's Signature <u>N.J.</u> Initials		<b>INDEPENDENT CLAIMS</b> 8		
<b>ADDRESS</b>  24631				
<b>TITLE</b> Closed loop financial transaction method and apparatus				
<b>FILING FEE RECEIVED</b> 819	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	